

# Accreditation and Quality Assurance/Quality Improvement

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# **ACCREDITATION and QUALITY ASSURANCE/QUALITY IMPROVEMENT**

## **PERFORMANCE MEASURES AND ACCREDITATION STANDARDS**

Performance measures or accreditation standards need to be adopted by the local health department. One program that should be considered is the [National Public Health Performance Standards Program](http://www.health.gov/phfunctions/public.htm) (NPHPSP). The ten essential public health services provide the framework for the NPHPSP. <http://www.health.gov/phfunctions/public.htm>

The [National Public Health Performance Standards Program](http://www.health.gov/phfunctions/public.htm) can assist the LHDs in developing quality improvement standards. The standards should help to define:

- Performance expectations
- Data for benchmarking
- An impetus for action
- Increased accountability and
- Data for best practices.

The performance measurement data will provide comparative data for public health resources and partnerships.

Each local health department has the responsibility to:

- Act as the key resource to assure that funding for public health services meets the critical health needs of the population
- Assure the adequate statutory base for local public health activities and advocacy with system partners for local policy
- Provide leadership in maintaining and improving the performance and capacity of the local public health system to provide appropriate public health services and
- Be accountable for the most effective and efficient uses of financial, human and other resources.

Accreditation involves using an externally recognized awarding body to assess your agency. The [Public Health Accreditation Board](http://www.phab.org) (PHAB) is the accrediting body for national public health accreditation. The non-profit organization was created to promote and manage the national accreditation program. PHAB convenes public health leaders and practitioners from around the country to develop national standards and processes, tests them in the field, assesses their strengths and areas for improvement and revises them as necessary. Program development is currently underway at PHAB, with an expected launch of the national program in 2011. At this time, there is neither a statewide accreditation commission nor individual LHD funding.

For public funding agencies, accreditation is projected to serve as a basis for determining eligibility for federally funded programs. Becoming, and maintaining, accreditation represents a highly desirable indicator of a program's quality and viability for foundations and other private funding sources.

## **QUALITY ASSURANCE/QUALITY IMPROVEMENT**

Quality Assurance (QA) is a systematic process of checking the delivery of a service to ensure action(s) taken meet established standards and are in compliance with public health practice and applicable state and federal regulatory requirements. The quality assurance process may consist of the review of computer generated data and documented patient or client files.

Quality Improvement (QI) is a term first coined in the private sector, when corporations began looking at ways to streamline and improve processes and systems. The most well-known example of quality improvement methodology is the "Six Sigma" method of change, developed by engineers at Motorola. In the health care context, the goal of quality improvement strategies is for patients to receive the appropriate care at the appropriate time and place with the appropriate mix of information and supporting resources. In many cases, health care systems are designed in such a way as to be overly cumbersome, fragmented, and indifferent to patients' needs. Quality improvement tools range from those that simply make recommendations but leave decision-making largely in the hands of individual physicians (e.g., practice guidelines) to those that prescribe patterns of care (e.g., critical pathways). Typically, quality improvement efforts are strongly rooted in evidence-based procedures and rely extensively on data collected about processes and outcomes. (*Robert Wood Johnson Foundation, <http://www.rwjf.org/qualityequality/glossary.jsp>*)

"Quality improvement in public health is the use of a *deliberate and defined improvement process* which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community." (*This definition was developed by the Accreditation Coalition Workgroup and approved by the Accreditation Coalition in June 2009, Public Health Foundation*)

<b>Quality Assurance</b>	<b>Quality Improvement</b>
<ul style="list-style-type: none"><li>• Reactive</li></ul>	<ul style="list-style-type: none"><li>• Proactive</li></ul>
<ul style="list-style-type: none"><li>• Works on problems after they occur</li></ul>	<ul style="list-style-type: none"><li>• Works on processes</li></ul>
<ul style="list-style-type: none"><li>• Regulatory usually by State or Federal law</li></ul>	<ul style="list-style-type: none"><li>• Seeks to improve (culture shift)</li></ul>
<ul style="list-style-type: none"><li>• Led by management</li></ul>	<ul style="list-style-type: none"><li>• Led by staff</li></ul>
<ul style="list-style-type: none"><li>• Periodic look-back</li></ul>	<ul style="list-style-type: none"><li>• Continuous</li></ul>
<ul style="list-style-type: none"><li>• Responds to a mandate or crisis or fixed schedule</li></ul>	<ul style="list-style-type: none"><li>• Proactively selects a process to improve</li></ul>
<ul style="list-style-type: none"><li>• Meets a standard (Pass/Fail)</li></ul>	<ul style="list-style-type: none"><li>• To exceed expectations</li></ul>

*"A Closer Look, QI Nuts and Bolts" ASTHO webinar presentation 2010*

## **SITE REVIEWS**

- On-Site Reviews are provided for all DPH programs that are state or federally funded.

**Quality Improvement Branch** completes on-site Quality Improvement/Quality Assurance (QA/QI) reviews for each of the 57 local health departments once every three (3) years. Kentucky Revised Statute (KRS) 211.190 (1) requires the Cabinet for Health and Family Services to “provide public health services including administrative, consultative, technical, professional, and other services needed to assist local health departments in the effective maintenance and operation of their departments.”

The Department for Public Health administers programs to improve the health and safety of the citizens of Kentucky. The responsibilities of the Quality Improvement Section ensure the effective delivery of many DPH programs. The data collected during site reviews assists program staff in refining guidance, protocols, budgets, and trainings.

The Quality Improvement Sections conduct site reviews of LHD agencies regarding program and practice issues, efficiency, documentation, and other clinic and community issues based on the PHPR and AR guidelines and requirements. These site reviews originate with a quality assurance review.

The Quality Improvement Section’s philosophy of cooperation and support has led to the section staff being commonly referred to as the Quality Improvement (QI) Team. The QI Team embraces this identity and the principles of teamwork. The team consists of one Nurse Services Administrator, one Nurse Administrator, three (3) Nurse Consultants/Inspectors, and one (1) Internal Policy Analyst. The QI Team job responsibilities include adherence to ethical standards and ongoing exploration of quality improvement tools and services for the public health arena.

The QA/QI team completes an administrative review and a tour of facility review. These reviews include the following programs: family planning, community assessment, adult preventive services, tobacco cessation, maternity/prenatal services, physical activity, lead poisoning prevention, well-child/pediatric preventive services, genetics, grief counseling/child fatality review, pregnancy testing, cancer screening, sexually transmitted diseases, and oral health/fluoride.

- **Kentucky Women’s Cancer Screening Program (KWCSP)** regional Case Management Coordinators and KWCSP staff review patient records once (1) a year. Mammogram and pap logs are reviewed during the site visits to ensure follow-up is being provided for all patients receiving cancer screening through the LHDs.

All applicable records are monitored that have an abnormal pap, mammogram or clinical breast exam, regardless of payor source. If issues are identified, site visits are performed more frequently at those LHDs.

- It is a federal requirement that each local agency providing **Women, Infant, & Children (WIC)** program services are monitored at least once every two years. Such reviews shall include on-site reviews of a minimum of 20 percent of the clinics in each local agency or one clinic, whichever is greater. All aspects of the WIC Program and the Farmers Market Nutrition Program are reviewed.

Management Evaluations (ME) are performed on a state fiscal year (July 1- June 30). MEs are performed in two (2) parts: an Administrative ME (Part I), a Clinic Operations ME (Part II) and a Nutrition Services ME (Part III).

An Administrative ME is conducted for an agency. An agency is the administrative unit, whether a single county agency (with one site or multiple sites) or a multiple county agency (district). A Clinic Operations ME is conducted for a clinic site. MEs shall be performed for agencies and clinics as follows:

An Administrative ME is performed for all agencies every two (2) years. A Clinic Operations ME shall be performed for (1) A single site agency shall have a Clinic Operations ME every two (2) years in conjunction with the Administrative ME. (2) A multiple site agency shall have a Clinic Operations ME in one (1) site, or depending on the number of sites in the agency, the number of sites necessary to ensure that all sites receive a ME in three years.

The Nutrition Services ME reviews all aspects of nutrition services and counseling including nutrition education, breastfeeding, breastfeeding promotion, community nutrition and medical nutrition therapy. This review also encompasses the Farmers Market Program. The review is performed on the same schedule as the Administrative ME.

In addition to the federal requirement, the Kentucky State WIC Program also performs additional monitoring reviews that include one (1) clinic site review and one (1) certification and chart review each state fiscal year.

- **Health Access Nurturing Development Services (HANDS)** Technical Assistance staff conducts a minimum of one-quality assurance site visit per fiscal year to each of the local site within their TA region. Reviews are completed on one to two (1-2) active and closed files for each family support worker (FSW) and parent visitor (TA).

The TA will review documentation/minutes of community collaboration participation to ensure that regular partnering efforts support referrals and committees. The TA may observe a FSW home visit, a FSW supervisory session, a PV home visit, a PV supervisory session and/or a Registered Nurse/Social Worker visit.

Caseload projections are reviewed and discussed, staffing ratios and credentials are reviewed, and annual parent satisfaction surveys are reviewed.

- **Kentucky Vaccine Program** completes on-site reviews once a year at each of the 57 local health departments. The immunization records of all children 24-35 months of age at the time of the audit are checked for coverage levels unless that patient is determined by the auditor to be an inactive patient (the patient has moved or gone elsewhere).

The auditor collects data on the immunizations the children received to determine a snapshot of the immunization coverage rate of that LHD. This also gives the auditor information regarding the immunization practices of that LHD (for example, does it appear from records that children are being scheduled for a set of immunizations or are there other problems?).

Auditors also check refrigerators and freezers that store vaccines to look for storage and handling issues and provide for any educational needs for that provider. For example, does the LHD need an updated Pink Book or do they need a more accurate thermometer in the freezer? Are they storing other medications or food in vaccine storage frigs?

The auditors can also provide educational materials and resources from CDC and other reputable sites (such as Immunization Action Coalition).

- **Environmental Services Program** does not have a set rotation for review but tries to complete on-site reviews once every two (2) years at each of the 57 local health departments. Environmental staff conducts a thorough review of all LHD Environmental Health programs by analyzing and reviewing various statistical and financial reports, environmentalist coding practices and trends, establishment files and inspection histories and internal control procedures for Environmental Health fees. This is done to identify possible areas for improvement and to assure all programs are administered in accordance with the Administrative Reference, PHPS Program Standards and applicable statutes and regulations.
- **Administration and Financial Management (AFM) Division's Local Health Operations (LHO) Branch and Local Health Budget (LHB) Branch** complete on-site reviews once for every two (2) year cycle at each of the 57 local health departments. LHO site reviews consist of reviewing medical records to assure the documentation supports the coding. LHB site reviews consists of cash reconciliation for one month, timesheets and travel vouchers for one month, sample from fiscal year of invoices for indirect and direct expenses. Sample of third party billing provided by the LHO Branch to the LHB Branch provides billing information that is traced to what was paid, what was posted in the General Ledger and what was priced on contract.
- **Public Health Laboratory** will complete a site visit on a request by the LHD, when the LHD has a new employee performing lab work or a new RN. Otherwise, a review is done at the lab that includes preparing any procedures, evaluating new meter/instruments, etc. Lab staff provides help to LHDs with QC/QA and proficiency testing. A monthly records check is done on tests to check for lot numbers, expiration dates, and expected results on all sites that perform lab testing. They include district health departments, single county health departments, independent health departments, and school sites (any site that would have LHD personnel performing testing). There are approximately 481 total sites.
- **Preparedness Branch** doesn't complete on-site reviews at this time. However, they do review plans annually. The Preparedness Branch completed an assessment of preparedness in the fall of 2009. LHDs are asked to submit After Action Reports from exercises or real events that program staff uses in assessing accountability.
- **Other Program** site reviews are under development; such as: TB and Reportable Diseases.

### **CORRECTIVE ACTION PLAN REQUIREMENTS**

If a local health department is out of compliance with guidelines in the PUBLIC HEALTH PRACTICE REFERENCE or the ADMINISTRATIVE REFERENCE, the local health department shall submit a plan of corrective action to the state Department for Public Health.

The corrective action plan shall be dated and include but not be limited to:

- Local health department name
- The general performance standard (s) and specific levels of performance in question
- Corrective actions
- Responsible individual and
- Date of plan implementation.

### **REPORTING TO THE BOARD OF HEALTH**

The results and recommendations of evaluation studies shall be provided to the board of health. Discussion of the results and recommendations shall be documented in the board of health minutes.

### **INTERNAL QUALITY ASSURANCE REQUIREMENTS FOR LHDs**

Local Health Departments shall maintain an ongoing quality assurance program for public health services designed to objectively and systematically monitor and evaluate the quality of public health services and resolve identified problems in accordance with [902 KAR 8:160](#),

The quality assurance process shall include:

- (a) An assessment of public health services provided by the agency;
- (b) A chart review of medical records;
- (c) Community satisfaction surveys which address the community, patient and provider perspectives; and
- (d) A review of administrative data and outcomes based on the agency's community plan.

The staff performing Quality Assurance may include and not be limited to: Administrative, Clerical, Nursing, Community, Clinic Staff, and Environmental.

The findings, interventions implemented, and recommendations to assure continued improvement shall be provided to the Board and Cabinet as directed by [902 KAR 8:160](#).

Documentation should be made regarding the findings and corrective measures identified. Outcome Measures/Indicators, findings and trends should be identified. This information should be shared with the agency Staff in a method determined by the agency.

A QA/QI Folder/Notebook should be maintained and should contain the above information, including sample forms used for chart and community review, the agency's QA/QI Policy, and intra-agency communications regarding the review findings.



The following are some examples of guidance for QA/QI activities; this is not an all inclusive list but a sampling for policy planning purposes:

The Chart Review portion of Quality Assurance should be completed, at a minimum, quarterly on 10 Medical Records from each major program. This translates to approximately 70 medical records per quarter, < 24 medical records per month, or 6 medical records per week.

Staff performing chart review should include: Nursing, Clerical and/or Support. It is advisable for staff to rotate program reviews and chart reviews so each staff member may become more acquainted with program requirements and documentation needs.

Medical Records will include but not be limited to a sampling of all major programs:

- Family Planning and Pregnancy Tests
- Cancer Screening – Paps and mammograms
- Well-child/EPSTD
- Lead
- Maternity
- Immunizations
- WIC
- TB

Quality Assurance will ensure patient care has been delivered according to the Protocols, Guidelines and policies set forth in the Kentucky Department for Public Health Practice Reference (PHPR) and the Kentucky Department for Public Health Administrative Reference (AR).

Quality Assurance for Nursing Practice should include assessing the following information at each quarterly review unless advised otherwise.

- Assure Protocols and Guidelines are met according to the PHPR
- Nursing practice consistent with the Kentucky Board of Nursing's Scope of Practice and Kentucky's Practice Laws
- Nursing Licenses and Liability insurance current yearly
- Appropriate delegation of duties: support staff directly involved with patient services, such as community health workers, support services associates, clinical assistants, outreach workers and resource persons shall carry out those activities and services for which they have received formal or on-the-job training consistent with their job description. Documentation of appropriate training and assessment of competency shall be maintained in the employee's personnel file.
- Treatment and Follow-up of Abnormal Results per PHPR and per specific program guidelines: cancer program.
- Assure continuity of care for the benefit of the patient and to meet program requirements. This will include following other provider's previous documentation as appropriate for patient care.
- Assure appropriate integration of health department services for the patient and their families.
- Assure informed consent is documented as appropriate and include the patient or legal guardian signature and date.
- All laboratory reports reviewed, initialed and dated by a nurse in an appropriate time period



- Nursing Documentation will meet Evaluation and Management guidelines. May include the use of the E & M level 8b tool for documentation.
- All nursing documentation will be legible and meet guidelines of the Administrative Reference and the Public Health Practice Reference.

## **COMMUNITY SATISFACTION SURVEYS**

Community satisfaction surveys can help LHDs identify ways to improve services. 902 KAR 8:160, Section 10. Quality Assurance. (1) An agency shall establish a process approved by the cabinet to assure the quality of services provided. (2) The quality assurance process shall include: (a) an assessment of public health services provided by the agency; (b) a review of medical records; (c) community satisfaction surveys which address the community, patient and provider perspectives; (d) a review of administrative data and outcomes based on a cabinet approved community plan. (3) The findings, interventions implemented, and recommendations to assure continued improvement shall be provided to the board and cabinet. DPH recommends that patient satisfaction surveys be completed annually and internal control policies should be in place to specify the procedures for these surveys. Most of our federally funded programs also require patient satisfaction surveys to be completed. Questions in the survey should focus on three areas about your agency; does your agency provide quality health care, make that care accessible, and treat patients with courtesy and respect.

Samples of Patient Satisfaction Surveys, in English and Spanish, that may be helpful in evaluating service provisions for the personal health services aspect of the health department can be found at: <http://chfs.ky.gov/dph/info/lhd/lhob.htm>

### Other related web links:

<http://chfs.ky.gov/dph/Administrative+Reference.htm> More information on internal control policies can be found in the Financial Management Section of the Administrative Reference.

<http://www.lrc.ky.gov/kar/902/008/160.htm> Kentucky Administrative Regulation 902 KAR 8:10